

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32342**

FILED OCT 21 1948

Registration District No. **71**

Primary Registration District No. **3012**

Registrar's No. **136**

1. PLACE OF DEATH:

(a) County **Clay**  
(b) City or town **Excelsior Springs, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 months 14 days**  
(Specify whether  
In this community **3 months 14 days**  
years, months or days)

3. (a) PRINT FULL NAME **BASIL G. FOX**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **8** years  
7. Birth date of deceased **September 8 1891**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **0** Days **27** If less than one day hr. min.

9. Birthplace **St. Joseph Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **State Service Officer**

11. Industry or business **State of Missouri**

12. Name **Henry C. Fox**  
13. Birthplace **Surrey England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ida May Sollars**  
15. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital records, Veterans Administration**  
(b) Address **Excelsior Springs, Mo.**

17. (a) **Removal** (b) Date thereof **OCT 9/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Excelsior Springs, Mo.**

18. (a) Signature of funeral director **Virgil Hope**  
(b) Address **Excelsior Springs, Mo.**

19. (a) **10/9/48** (b) **Caroline Hultshing**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1615 So. 10th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5**  
year **1948** hour **4** minute **50** P.M.

21. I hereby certify that I attended the deceased from **June 21 1948** to **October 5 1948**  
that I last saw him alive on **October 5 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of the meninges** Unknown  
**Miliary tuberculosis** Unknown  
**Pulmonary tuberculosis, reinfection type, far advanced, active, severe symptoms.** Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Same as above.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **---**  
(b) Date of occurrence **---**  
(c) Where did injury occur? **---**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **---** (Specify type of place) (e) Means of injury **---**

23. Signature **Caroline Hultshing** (M. D. or other) **N. D.**  
Address **Excelsior Springs, Mo.** Date signed **10-5-48**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-20-48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Chas. Virgil Hope  
Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.